



Alameda Recreation and Park Department
2226 Santa Clara Avenue, Alameda - (510) 747-7529 - FAX: (510) 523-4071

2011 SPRING AQUATICS REGISTRATION

(Please print)

PARTICIPANT'S NAME _____ ☐ MALE ☐ FEMALE
ADDRESS: _____ CITY: _____ ZIP: _____
HOME PHONE () _____ CELL PHONE () _____ BIRTHDATE: / / AGE: _____ STAFF VERIFICATION (3-6 YRS) _____
ALLERGIES, MEDICAL PROBLEMS, MEDICATIONS _____
DOCTOR'S NAME _____ PHONE () _____
INSURANCE CARRIER _____ POLICY NUMBER _____

IF PARTICIPANT IS UNDER 18 YEARS OF AGE, PLEASE FILL OUT:

MOM/GUARDIAN NAME: _____ ADDRESS (if different from above) _____
HOME PHONE () _____ WORK PHONE () _____ CELL PHONE () _____
DAD/GUARDIAN NAME: _____ ADDRESS (if different from above) _____
HOME PHONE () _____ WORK PHONE () _____ CELL PHONE () _____

IN CASE OF AN EMERGENCY, PLEASE CONTACT: (I understand that it is my responsibility to provide current phone numbers)

NAME: _____ RELATIONSHIP: _____
HOME PHONE () _____ WORK PHONE () _____ CELL PHONE () _____

2011 SPRING DATES
SATURDAYS: April 30, May 7 and 14

LOCATION
ENCINAL SWIM CENTER
230 Central Avenue, Alameda (entrance on 3rd St)

FEES
(R = Resident; NR = Non Resident)
Group Lessons: \$ 30.00 R / \$35.00 NR
DROP-IN Tiny Tots (per day):... \$10 per child

Check Desired Time

TIMES

Indicate Last Red Cross
Level Completed

_____ 11:05 a.m. - 11:50 a.m..... 6 - 15 year olds (Group)
_____ 12:00 p.m. - 12:30 p.m..... 3 - 5 year olds (Group).....
_____ 12:40 p.m. - 1:25 p.m..... 6 - 15 year olds (Group)
_____ 1:35 p.m. - 2:05 p.m..... 3 - 5 year olds (Group)
_____ 2:15 p.m. - 2:45 p.m..... DROP-IN Tiny Tots w/ Parent

Swim levels with less than four students enrolled are subject to cancellation or may be combined with another level.

CREDITS OR MAKE-UP DAYS WILL NOT BE GIVEN FOR DAYS YOU MISS. LESSONS OCCUR RAIN OR SHINE (EXCEPT IN LIGHTNING).

Cancellations initiated by the participant must be requested a minimum of 5 business days prior to start of the program. Credit for the cancelled program will be applied to your ARPD account minus a \$15 processing fee. If a participant attends any class, credit will be prorated and assessed the \$15 processing fee.

IT IS IMPORTANT THAT YOU REPORT 10 MINUTES BEFORE YOUR CLASS STARTS EACH DAY. PLEASE BRING YOUR BATHING SUIT, SUNSCREEN AND TOWEL. ARPD STAFF WILL NOT APPLY SUNSCREEN ON PARTICIPANTS.

THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES AND DISCHARGES THE CITY OF ALAMEDA, its directors, officers, employees, agents, and independent contractors from all liability to the undersigned and/or his/her personal representatives, assignees, heirs, and next of kin for any loss or damage and any claim or demands accruing or resulting from injury to the person or property or death of the undersigned, whether or not caused by the negligence and/or property or the City of Alameda, its directors, officers, employees, agents, and independent contractors.
2. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE, whether or not it is due to the negligence of the City of Alameda, its directors, officers, employees, agents, and independent contractors or otherwise while in, upon or about the premises of the City of Alameda and/or while using the premises or facilities or equipment thereon.
3. THE UNDERSIGNED HEREBY PERMITS the taking of photographs of themselves and/or the participant by the City of Alameda during recreation classes or activities to be used at the City's discretion.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE, WAIVER OF LIABILITY AND INDEMNITY AGREEMENT AND POLICIES AND PROCEDURES STATED ABOVE, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement has been made. I HAVE READ THIS RELEASE.

PARTICIPANT'S SIGNATURE (Parent/Guardian if under 18) _____ DATE _____

PAYMENT INFORMATION: Amount Rec'd: \$ _____ Rec'd By: _____ Date: _____
(circle payment type) Cash Chk MC/VISA _____ Exp Date _____